

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE
SEPARATE QUESTIONNAIRE NEEDED FOR **EACH** PROPOSED GUARDIAN
(If further explanation is needed on any item, please use back of page.)

CASE # _____ HEARING DATE _____
NAME OF CHILD: _____ DOB: _____
CHILD'S ADDRESS _____ SCHOOL _____
NAME OF PROPOSED GUARDIAN: _____
RELATIONSHIP TO CHILD _____
OTHER NAMES USED INCLUDING MAIDEN (**BIRTH**) NAME: _____
Age _____ Date of Birth _____ Place of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Sex _____ Height _____ Weight _____ Eyes _____ Hair _____
Driver's License/I.D. No. _____ Social Security No. _____

NATURAL MOTHER OF CHILD

Name _____
Address: _____
(if unknown, last known address)
City _____ State _____ Zip _____ Phone _____
Height _____ Weight _____ Eyes _____ Hair _____
Driver's License/I.D. No. _____ Social Security No. _____
Date of Birth: _____ Place of Birth: _____

NATURAL FATHER OF CHILD

Name _____
Address: _____
(if unknown, last known address)
City _____ State _____ Zip _____ Phone _____
Height _____ Weight _____ Eyes _____ Hair _____
Driver's License/I.D. No. _____ Social Security No. _____
Date of Birth: _____ Place of Birth: _____

OTHER CHILDREN OF MOTHER OR FATHER **OF PROPOSED WARD:**

Name _____ Age _____ DOB _____ Address (with whom)? _____

EMPLOYMENT DATA OF PROPOSED GUARDIAN

Occupation _____

Monthly Income (salary, commission, etc.) _____

If unemployed, what are your employment plans? _____

Present or Last Employer _____ Address _____

Work Days & Hours _____ Employment Began _____ Ended _____

Type of Work _____

Gross Monthly Income (all sources, excluding support) _____

Monthly Expenses _____

Previous employer _____ Address _____

Employment Began _____ Ended _____

Reason Ended _____

Bank _____ Branch _____

() Checking Acct.# _____ () Savings Acct.# _____

MARITAL HISTORY OF PROPOSED GUARDIAN

List All Marriages

Name	Date & Place	How Terminated	Date Separated	Final
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Proposed **Guardian's** children (include adult children, first & last names)

Names (list all)	Age	DOB	Children's address	School (if going)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL PRACTITIONERS: (medical doctors, psychiatrists,
psychologists, marriage counselors, social
workers, etc.)

Name & Title	Last Contact	Address (+ zip)	Phone
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

High School Graduate? _____ If not, grade last attended _____

Place & Name of High School _____ Age left school _____

Reason _____

List College or University Attended:	Degree or Units/Majors
_____	_____

HEALTH

Insurance _____

Present Health Status: Good _____ Fair _____ Poor _____

If Fair or Poor, Explain _____

Are you taking any medications? Yes _____ No _____

If yes, what kind and for what reasons? _____

Special Health Problems: _____

Have you ever had a problem with any of the following:

Alcohol—Yes _____ No _____ Drugs—Yes _____ No _____

Mental/Emotional Problems—Yes _____ No _____

CRIMINAL RECORD

Have charges ever been filed against you for any crime other than traffic citations?

Yes _____ No _____ If yes, please specify:

List Arrests:	Where	When	Charge
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Are you on Probation now? _____ Officer's Name _____

Are you on Parole now? _____ Agent's Name _____

HOUSING

Rent_____ Own_____ Buying_____ Amount Per Month_____

How Many Bedrooms/Baths_____ Is it a House?_____ Or Apt._____

Do you plan to remain in this residence, or are you looking for another location?_____

List your residences for the past three years:

PLANS FOR CHILD CARE IF NEEDED: (If more space is needed, use the back.)

1. If child care provider is licensed:

Name:_____

Address:_____

Phone:_____

2. If child care provider is unlicensed:

a. Name:_____ Address_____

Date of birth:_____ Social Security No.:_____

Phone:_____ Relationship to child:_____

b. Name:_____ Address_____

Date of birth:_____ Social Security No.:_____

Phone:_____ Relationship to child:_____

c. Name:_____ Address_____

Date of birth:_____ Social Security No.:_____

Phone:_____ Relationship to child:_____

HOUSEHOLD COMPOSITION

Please list **ALL** other adults and children in the home, including your adult children. (If more space is needed, use back of page.)

NAME_____

Other Names Used (incl. Maiden/**Birth** Name)_____

Age_____ Date of Birth_____ Place of Birth_____

Employer_____ Address_____

Monthly Income_____ Business Phone_____

Sex_____ Height_____ Weight_____ Eyes_____ Hair_____

Driver's License/I.D. No._____ Social Security No._____

Relationship to Guardian_____ Relationship to Child_____

NAME_____

Other Names Used (incl. Maiden/**Birth** Name)_____

Age_____ Date of Birth_____ Place of Birth_____

Employer_____ Address_____

Monthly Income_____ Business Phone_____

Sex_____ Height_____ Weight_____ Eyes_____ Hair_____

Driver's License/I.D. No._____ Social Security No._____

Relationship to Guardian_____ Relationship to Child_____

NAME_____

Other Names Used (incl. Maiden/**Birth** Name)_____

Age_____ Date of Birth_____ Place of Birth_____

Employer_____ Address_____

Monthly Income_____ Business Phone_____

Sex_____ Height_____ Weight_____ Eyes_____ Hair_____

Driver's License/I.D. No._____ Social Security No._____

Relationship to Guardian_____ Relationship to Child_____

SUMMARY OF VIEWS

Please summarize your views and concerns as clearly as possible on the following pages. If additional space is needed, use the back of the page and refer to the question number.

1. Why are you seeking guardianship of the child?
2. If the child lives with you, when did you get custody and how? Do the child's parents agree with the guardianship?
3. Is there anyone who opposes your guardianship? Explain.

4. How do you plan to care for the needs of the child with regard to housing, finances, schooling, child care and supervision, discipline and guidance?

5. Does the child have any special problems? How are you qualified to help with these problems?

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date